Volume XX, No. 3 Autumn 1961

MENTAL HEALTH

Published by the National Association for Mental Health

Price 2s. 6d.

MAURICE CRAIG HOUSE
39 QUEEN ANNE STREET, LONDON, W.1

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MENTAL HEALTH

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PUBLISHED BY THE NATIONAL ASSOCIATION FOR MENTAL HEALTH

Vol. XX No. 3 AUTUMN 1961 2/6

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Editorial

LEGAL ABORTION?

The subject of artificial abortion is one on which diametrically opposed views are warmly and sincerely held by responsible doctors. Clearly it arouses very deep feelings in all who have to give professional advice on it—as well as in many others not professionally concerned.

This is very understandable; and especially as to many the matter is involved with religious teaching, or ethical principles: and we can have the utmost sympathy with opinions, sincerely held.

We can sympathise less with the reactions displayed by a minority of professional people which are so violent and inflexible as to make one suspect that their possessors are the prey of emotions they have totally repressed or do not fully comprehend. Behaviour which consists of intemperate and bitter attacks on the professional standing or sincerity of their opponents, or thinking in terms of sweeping generalisations and complete refusals to admit any exceptions, must lay itself open to this criticism. It is, of course, also self-perpetuating in that it provokes similar behaviour or thinking from the other side.

A reaction which is only one degree less damaging is the refusal to think frankly at all on the subject: "no case is to be recommended abortion for any psychiatric reason whatsoever", is the extreme view—though even those who have held this view have admitted that physical illness may contribute an indication for termination. The other extreme view that "no woman should be compelled to have a child she does not want" is seldom heard in Britain though it appears to be the official policy of at least two European countries (see pages 102, 103).

Another phenomenon of some interest to the sociologist must be that it is extremely rare for opinions to be voiced in public by women who have themselves been advised a therapeutic abortion. The loudest voices are male—but there is no doubt the majority of gynaecologists and psychiatrists are still male—and so are the majority of legislators.

For the psychiatrist prepared to consider the question "are there legal grounds to recommend termination?" the decision is nearly always a harrowing one. To state the extremes, he may have either to recommend a gynaecological colleague to commit what some would regard as murder, or to risk hearing that the pregnant woman has committed suicide leaving a husband and other children desolate. He must arrive at his decision in the light of a somewhat uncertain piece of case-law: and he must be swayed neither by excessive sympathy for the victim of a tragic

assault or hard luck story : nor by annoyance at the stupidity of an inadequate mother of five who has forgotten a contraceptive : nor by hurt pride at the discovery that his patient has told him at least one lie : his answer must depend on none of these. Even then there are other pitfalls—one patient may exaggerate symptoms consciously, another may be buoyed up by having been led to believe that the psychiatrist will "take it away", and so appear less ill.

Besides this, the psychiatrist must recall that abortion has at times led to sudden deterioration of mental symptoms—especially of depression and guilt : or to a steady deterioration of hysteria : so that even when it is legal, termination is not always the easy way out of a difficult situation it is supposed to be, nor the best medical course for the patient. On the other hand, there are undoubtedly numerous women have been saved from chronic mental illness and remained deeply grateful for the termination. They are not always very vocal. We must say, too, that we find it hard to accept the emphatic views voiced on page 95 on the rarity of suicide while pregnant—for successful suicides do not go back to doctors.

We can, however, mention one point and that is the need for more careful studies of the existing clinical reports. Writers very naturally draw conclusions from their own clinical practice. Yet this practice will be itself determined by knowledge of their opinions and practices among would-be patients or their professional colleagues. A psychiatrist known to oppose termination on religious grounds will get few requests from general practitioners : and he may therefore fail to see the size of the problem. (The converse is of course equally true.) It is therefore difficult to accept the clinical impressions of people whose views are already predetermined.

More statistical evidence is urgently needed : and in particular from countries where the law is different. Elsewhere we have collected information on the state of the law in various countries from W.H.O's International Digest of Health Legislation, and have outlined some of the salient features. It is unfortunately by no means a world wide survey.

On a subject of such importance to society and to many individuals it is surely deplorable that Parliament cannot find time for a fuller discussion than the one it was possible to hold when Mr. Kenneth Robinson's Bill was debated. And what is the proportion of doctors who think seriously about it?

It is also perhaps a pity that this Association has, as yet, no definite policy on the matter. It may well be impossible at this stage for any agreement to be reached, yet we believe that everyone should be prepared to think out his or her own opinion here and survey the problem involved and the conflicting views

expressed. In an attempt to provoke thought we have invited four well-known people to state their opinions: Mr. Kenneth Robinson, M.P., well-known as the Opposition's "shadow cabinet Minister of Health"; Dr. Glanville Williams, Reader in English Law at Cambridge; and Dr. O'Sullivan and Dr. Letitia Fairfield who have preferred to write jointly to represent the case against termination especially from the Roman Catholic standpoint. These writers have expressed their views with more restraint than is often used on this topic. Our readers must consider whether any common ground (between the four) can be found.

The Case for Reform

By KENNETH ROBINSON, M.P.

For obvious reasons there are no accurate statistics of the number of illegal abortions performed each year, but according to the best estimates the figure is somewhere between 50,000 and 100,000, though it may be substantially higher. A fairly small proportion of these operations are carried out by qualified doctors in reasonably hygienic conditions. The professional or "Harley Street" abortionist charges a high fee for a simple operation, to compensate for the risk of criminal prosecution he allegedly runs. Despite all the precautions he can take to guard himself against the law, there is always some risk, though prosecutions of medical practitioners for criminal abortion are rare today.

The vast majority of illegal abortions are performed by unskilled persons, mostly women, who charge by comparison small fees for their services, in some cases as little as a few shillings. These operations take place in unsatisfactory conditions, often with unsuitable and unsterile instruments, and in unhygienic surroundings. Women who resort to the unskilled abortionist run serious risks of injury or permanent damage to their health. Many find their way to the obstetric wards of our hospitals suffering from septicaemia or worse. In some cases the abortion proves fatal. Why do women run these appalling risks?

Most of the women concerned have their pregnancies terminated for what are called—sometimes euphemistically—social reasons. The single girl who has been careless, and whose baby's father may be already married; the mother of an already large family in an overcrowded flat who simply cannot face the prospect of yet another child; the married woman who has become pregnant through extra-marital intercourse; these are typical cases. Other grounds, no less typical, may be regarded as less cogent, or even frivolous; the professional woman whose career a baby would

adversely affect; the promiscuous girl who regards abortion as a substitute for contraception; the prostitute whose livelihood would suffer if her pregnancy were not terminated. In most of these instances the women concerned are desperately anxious, doubtless for reasons which seem valid to them, not to have their babies. If they knew of a skilled professional abortionist and could afford his fee, they would almost certainly prefer his services, but most of them would have no idea how to locate one. But there is usually someone who knows someone who could do the job after a fashion, with no questions asked.

Among these desperate women, however, are some—one cannot tell how many—who could have qualified under existing law for therapeutic abortion. Why do these women pay extortionate fees or endanger their health rather than seek termination of pregnancy through recognised medical channels?

The answer lies largely in the unsatisfactory state of the law which, as Dr. Glanville Williams points out in his article, is widely misunderstood even by the medical profession. Comparatively few women appreciate the possibilities of therapeutic abortion, but for those who do seek it facilities are few. Under the Offences Against the Person Act 1861 illegal abortion is a criminal offence carrying a high penalty. Incidently, abortion is unique in being the only surgical operation controlled by statute; leucotomy, hysterectomy and the various forms of sterilisation have consequences no less far-reaching but we are content to leave them to the clinician's judgement. Thanks to the enlightened judgements given in the R. v. Bourne case of 1938 and certain later cases, it is now well established that therapeutic abortion carried out by a doctor is legal in certain defined circumstances, and may be legal in other as yet undefined, or ill-defined, circumstances. Many doctors, faced with this obscurity in the law as it stands, and mindful of the terms of the statute, prefer to have nothing whatever to do with termination of pregnancy. This may be reprehensible, but it is at least understandable, considering the serious consequences to a professional career that could flow from a bad error of judgement or a failure to establish good faith.

In these circumstances one might think that reform of the law would have a high priority in the parliamentary timetable. More than 20 years ago an inter-departmental government committee set up to consider the abortion law recommended the introduction of new legislation, if only for the purpose of clarifying the law as it then stood. Pressure for such reform has come over many years from the Abortion Law Reform Association, a body supported by distinguished doctors, lawyers and laymen. And yet no government has lifted a finger to amend the law, nor is there any indication that the present government intends to do so.

What is the explanation? It is, I believe, partly inherent in the subject itself. This comes within that field of social and religious controversy which always tends to paralyse governmental action. An appreciation that action of any kind, however necessary or justifiable, is bound to offend some groups tends to produce in governments a high moment of inertia. Where religious minorities are concerned, or where the subject has sexual associations, this timidity becomes intensified. Sometimes these gaps in official legislation can be filled by private members, through the strictly limited facilities provided for introducing Bills in Parliament. Here again the same inhibitions operate, and a Private Member's Bill stands little chance of reaching the Statute Book without the support of the Government, or at least its friendly neutrality. In consequence this is one of several urgent reforms from which governments and backbenchers alike tend to shy away. It is partly a fear of losing votes, partly a dislike of getting involved in a somewhat murky type of controversy.

Despite this widespread reluctance to take the initiative, I believe that a Bill embodying limited reforms would stand a good chance of getting through Parliament, given a fair procedural wind. What kind of reform should be aimed at? A strong case could be made out, on social and humanitarian grounds, for permitting termination of pregnancy for just those social reasons which drive so many women into the clutches of the unskilled back-street abortionist. Amendment of the law on these lines bristles with difficulties, difficulties of definition, of providing safeguards against abuse, and of persuading public opinion. In my view, though it is embodied in the law of Sweden and certain Iron Curtain countries, this degree of liberalisation would be too much for Parliament to swallow. Leaving aside social grounds, an amending Bill should specify as far as possible the indications for therapeutic abortion. It should make absolutely clear that termination is permissible in order to preserve the life or the health, physical or mental, of the mother. It should provide for legal termination where there is grave risk of the child being born mentally or physically defective; cases in which such a forecast can be made are comparatively rare, but it is often possible to calculate the chances with some precision. Ideally an amending Bill should provide for cases where pregnancy results from intercourse of a criminal nature, such as rape and incest, though there are practical difficulties here. Finally, reasonable safeguards must be included. Termination must be done in good faith by a registered medical practitioner, with the concurring opinion of another who has also examined the patient, and should not take place after the thirteenth week of pregnancy.

All these points were included in the Medical Termination of Pregnancy Bill which I introduced in the House of Commons early

this year. As can be seen, it was no sweeping reform, but a modest measure designed primarily to put into statutory form what is the accepted case-law at the present moment. It had a sympathetic reception on the whole, and the Under-Secretary for Home Affairs, whilst casting some doubts upon the feasibility of certain of its provisions, stated that the Government was prepared for the Bill to receive a Second Reading. He added that there would have to be Amendments in Committee.

The Bill was in fact "talked out". To explain how this happened necessitates a reference to Commons procedure. My position in the Ballot for Private Members' Bills (only 20 names are drawn out of some 300 entries) was not too favourable, and the Bill came second on that particular Friday. The debate on it began, therefore, not at 11 a.m. but just before 2 p.m., when the debate on the first Bill was concluded, and lasted until the House adjourned at 4 p.m. If any Members still wish to speak when a debate comes to an end, the Speaker then uses his discretion whether or not to permit a vote to be taken. He has to have regard to the length of debate, the importance of the subject, and the number of Members still wishing to speak. In this instance a small group of Roman Catholics who had not previously attempted to speak rose to their feet at 4 p.m. and the Speaker, understandably, felt unable to accept the closure of the debate, which then "stood adjourned". In fact the Bill was to all intents and purposes dead from that moment. Thus a handful of Roman Catholic Members effectively prevented any decision being taken on a motion the House was fully prepared to vote on and would probably have carried.

This raises a side issue, but an important one. It is in large measure due to the Catholic attitude to abortion that the law remains unreformed. The view of the Roman Catholic Church is well-known. It condemns abortion in almost all circumstances as a mortal sin, and apparently regards the destruction of a non-viable foetus as murder. The opposition to my Bill outside Parliament came almost exclusively from Catholics. There were articles and editorials in some Catholic journals that bordered on the hysterical. I received a considerable number of letters from Catholics, mostly abusive and occasionally obscene. Despite this, however violently I disagreed with their view, I was prepared to respect it as sincerely held.

It is, however, a wholly different matter for a religious minority to impose its will on the majority in matters of this nature. The Bill I introduced was purely permissive in character. It could in no way have affected the position of any Catholic who wished to follow his Church's teaching in this matter. How therefore can they justify preventing Parliament from taking a decision on a measure which concerned, in effect, non-Catholics only? The same intoler-

ance can be seen in their attitude towards birth-control propaganda. Excessive zeal of this kind, if it is not checked, can only place a strain on the tolerance the Roman Catholic Church has enjoyed in this country for so long.

Reform of the Abortion laws on the lines I have indicated would not solve the problem of the "backstreet" abortionist. Most of her clients would remain uncovered by the proposed statute to permit therapeutic abortion, though some undoubtedly would. Even in countries like Sweden and most of the Eastern European countries where termination of pregnancy on social grounds is permitted subject to safeguards, illegal abortions still take place. The advantages of reform would be in the main to assist the doctor to know precisely where he stands in this matter, and to enable pregnant women to know in what circumstances and on what grounds their pregnancy could be terminated by a registered medical practitioner —within the National Health Service in fact. Even a modest reduction in the number of unskilled abortions, or in the clientele of the fashionable abortionist, would justify reform. But apart from such practical benefits, is there not something to be said for amending a statute which, so far as its literal terms are concerned, has long since ceased to reflect public opinion or to govern current practice?

Legal Aspects of Abortion

By GLANVILLE WILLIAMS, LL.D.

The law concerning therapeutic abortion is still not well understood by medical men, and no wonder, because they are poorly served by their professional books. Some works on forensic medicine and medical ethics get the law right, or nearly right, but others are badly wrong; and this is usually because the legal section of the book has been entrusted to a physician.

Take the work entitled *Medical Ethics*, published in 1957 under the editorship of Dr. Maurice Davidson. The chapter on abortion is contributed by Dr. F. W. Roques, and the exposition of the law by this eminent obstetric surgeon is truly astonishing. Dr. Roques sets out the provision in the Act of 1861 which makes the procurement of abortion a felony, and states:

"It must be clearly understood that there are no exceptions to the rule: it necessarily follows that every time abortion is induced, for whatever reason, a felonious act of considerable magnitude is perpetrated. Nevertheless, in cases in which pregnancy is terminated for medical indications in good faith by reputable practitioners the police never take proceedings."

This makes it look as though the protection of the medical practitioner rests solely on the indulgence of the police. It should be clearly understood that this statement is wrong, and that there is now an exception to the statute which is well established as part of the law. It has not been enacted by way of amendment to the statute; but it is a matter of settled judicial interpretation, and as such it can be relied upon as implicitly as if the words had been used by Parliament itself. The interpretation was first adopted in the celebrated *Bourne* case in 1938, and has been followed since.

I am conscious that the readers of this Journal are not likely to feel particularly interested in the mental gymnastics by which judges reach their conclusions, but in this instance the problem is one of philosophical as well as medico-legal importance. The problem is this: how far is it a *legal* excuse for breaking the letter of the law to show that the defendant was seeking to promote some value higher than that aimed at by the law itself? This is the problem of necessity as a defence—not physical necessity in the sense of physical compulsion, but moral necessity in a situation in which there has to be a choice between evils. In the case of therapeutic abortion, the evils are, on the one hand, the destruction of the foetus (which is a breach of the law, unless an excuse can be found for it), and, on the other hand, the death of the mother, or serious injury to her.

It is sometimes said, even in legal works, that necessity is no defence to a charge of crime; but this opinion is certainly wrong. Suppose that a surgeon has to perform an emergency operation upon a patient who is already unconscious. Every surgical operation amounts to an unlawful wounding unless there is legal justification for it; the usual justification is the consent of the patient, but in this instance the patient is already unconscious and cannot give consent. Clearly, the only legal justification open to the surgeon is the necessity of acting in the emergency when it is not possible to ask for consent; and there is absolutely no doubt that such necessity would be a good defence to a charge of wounding. There are cases, then, when the moral necessity of choosing the best possible course justifies a departure from what otherwise would be the rule of law.

To return now to the *Bourne* case, which first upheld the legality of therapeutic abortion, the problem for the judge was how to find a legal justification for the operation although no exception had been expressed in the statute. Three reasons were given to support the implied exception. The first was that the statute according to its terms penalised only one who "unlawfully" procured abortion, and the learned judge, Mr. Justice Macnaghten, thought that the reference to unlawfulness implied that some terminations of pregnancy were lawful. This is not a strong argument in itself, since one cannot be sure that the word "unlawfully" was not a Parliamentary pleonasm, and anyway it did not

specify what operations were lawful. The second reason was the analogy of an Act of 1929, which penalised the destruction of a viable foetus; this contained an express exception allowing operations to preserve the life of the mother, and it was reasonable, though legally somewhat difficult, to construe the abortion statute of 1861 as though it contained the same exception. The third reason (and, it may be thought, much the best) was the conflict of values inherent in the situation when therapeutic abortion becomes necessary. The judge did not refer expressly to the doctrine of necessity, but that the problem of values was in his mind appears clearly from his statement that "the unborn child in the womb must not be destroyed unless the destruction of that child is for the purpose of preserving the yet more precious life of the mother."*

Later cases in which the *Bourne* ruling has been approved and followed show that it is now quite clearly part of the law of the land. In *Rex v. Bergmann and Ferguson* (1948) the judge ruled that the question to be considered was not whether the operation was in fact necessary, but whether the surgeon honestly believed it to be necessary; if so, the operation was justified.

The ruling in *Rex v. Bourne* was limited to operations necessary to preserve the life of the mother, on the analogy of the exception in the Act of 1929. It is true that the judge endeavoured to give the phrase a broad meaning, intimating that it would be lawful to operate in order to avoid such an injury to the mother's health that her life might be shortened, and true, too, that the particular injury to health feared by Mr. Bourne was an injury to mental health. Nevertheless, the judgment cannot be read as authorising an operation if it does not, in the broadest sense, preserve the mother's life or at least her longevity. In the later case of *Rex v. Newton and Stungo* (1958), the trial judge took the further step of ruling that termination of pregnancy was lawful to preserve the mother's life *or* health; and he expressly included not only physical but mental health.† Hence it is now clear that a termination of pregnancy may lawfully be performed on wider grounds than that mentioned in the Act of 1929. This is reasonable, for whereas one can well understand that the viable foetus is given a high measure of protection by the law, the argument is not so strong for a non-viable foetus. It is not the practice to destroy a child *in utero*, at the time of confinement, unless this is necessary to save the mother's life, which now rarely happens; but reputable medical practitioners feel that they have a wider measure of moral freedom when dealing with a non-viable foetus in the early months

* From the report in [1938] 3 All England Reports at p. 620.

† For a discussion of the case see J. D. J. Harvard in [1958] Criminal Law Review 600. A fuller discussion of the earlier cases will be found in my book *The Sanctity of Life and the Criminal Law* (London 1958), Chap. 5.

of pregnancy. It is right that the law should draw the same distinction.

I have now presented the reader with the legal authorities on the subject of abortion. He can be absolutely assured that the *Bourne* ruling is now part of the law of England. It represents Christian Protestant as well as utilitarian morality, and it has been much too widely approved to be upset. If, for some extraordinary reason, a trial judge refused to follow it, he would be reversed on appeal. When proposals are made in Parliament to amend the Act of 1861 to incorporate the *Bourne* ruling, the reply given by the Home Secretary is that this is not necessary, since the law is settled by that ruling. The reply does not show sufficient awareness of the doubts of doctors; it would be far better if the position were set out in the black and white of an Act of Parliament; but still it is true to say that the validity of the *Bourne* ruling is clear.

The exception relates only to operations performed on a strictly medical indication, where it is feared that the mother will be injured by *giving birth* to the child. It does not extend to what the Scandinavians call the socio-medical indication, where the medical practitioner thinks that although the mother can successfully carry the child to term, she is too weak in health to be able to rear it without further impairment. A practical solution for some cases of this type is to arrange to have the child adopted; but every one knows that many mothers will not contemplate giving up their child when it is born, whatever it may cost them to rear it; and it seems a hard thing that in these circumstances the medical adviser should not be allowed a discretion to do what he thinks best. Again, the *Bourne* exception does not extend to operations performed on what is called the moral indication, where the pregnancy resulted from rape or incestuous intercourse with a young girl; sometimes, as in the *Bourne* case itself, such an operation may be justified by a benevolent stretching of the psychiatric indication, but that is hardly a satisfactory solution. Next, the *Bourne* exception does not provide for an eugenic indication. Operations have been performed in some hospitals on this indication, for instance on account of maternal rubella during the first trimester; but the legality of the operation is, to say the least, doubtful. It is possible to imagine the judges extending the doctrine of necessity to cover the case, but so far the question has not been brought before them, and no obstetric surgeon would like to figure in a case in which the point is decided. A somewhat ruthless way of strengthening the legal position is to tell the mother of the probability of her child being born with a physical or mental defect, thus causing her to worry; the pregnancy can then be terminated on the psychiatric ground.

All these indications would have been covered by Mr. Kenneth Robinson's Bill, which he introduced in the House of Commons last

February. Although the debate on the Bill showed a measure of sympathy with its objects, even for some Catholic Members, it failed for procedural and other reasons.

Reverting to the medical indication for terminating pregnancy, the main problem relates to the psychiatric indication, since the somatic indications have shrunk with improved methods of treatment. There can be no doubt, in view of the legal authorities already cited, that a surgeon is justified in operating on the advice of a reputable psychiatrist, at least if the advice is that the mother's mental health will be seriously affected if she gives birth to the child. The psychiatrist is also protected if he gives the advice in good faith. However, two caveats must be entered.

First, the psychiatrist must, apparently, address himself to the question whether *giving birth* to the child will adversely affect the mother. As said before, there is at present no legal warrant for taking account of the fact that the mother is already overburdened and so will be unable to cope with an addition to her family. In some ways the separation of the two problems, the birth and the rearing of the child, is an artificial one, but for legal purposes the psychiatrist's opinion had better be directed to the question of birth alone.

Secondly, it is not clear whether the psychiatrist is allowed as a matter of law to take account of threats by the woman that if her pregnancy is not terminated medically she will go to an unskilled abortionist, or commit suicide. The threat of suicide is usually not carried out, but there may be something in the mental or other history of the patient to make the psychiatrist believe that this time it is likely to be carried out, so that the medical termination of the pregnancy is literally necessary to save the mother's life. Even so, it is conceivable that a judge might rule that this is not a psychiatric indication, since the danger to the mother's life would arise from her own act in attempting suicide, or going to an unskilled abortionist. This, however, would be an unenlightened attitude, and I do not regard it as a likely one. There have been cases, not involving the question of abortion, where it has been held by the judges that a person who commits suicide as a result of neurosis does not act completely voluntarily;* and in the same way it should be held that if a psychiatrist can point to a suicide risk as a result of the patient's mental abnormality, this comes within the medical indication for termination of pregnancy. The same should apply to a substantial risk that the woman will injure herself by going to an unskilled abortionist.

* *Cavanagh v. London Transport Executive*, "The Times", October 23rd, 1956; *Pigney v. Pointer's Transport Services Ltd.* [1957] 1 Weekly Law Reports 1121.

The Case against Termination on Psychiatric Grounds

By J. V. O'SULLIVAN, M.D., F.R.C.S., F.R.C.O.G., and L. FAIRFIELD, M.D., D.P.H.

Since the time of Hippocrates it has been the accepted tradition of the medical profession that the doctor's duty is to preserve, not to destroy, human life, even the life of the unborn child. This doctrine has been confirmed and strengthened throughout the Christian era until quite recent times. For the Catholic Church (and for many Christians outside its ranks), the prohibition is still absolute. The direct killing of the foetus at any stage of pregnancy is forbidden and the uterus may not be emptied by any method before the child is viable, whatever the condition of the mother. It is allowable to excise diseased organs even though the inevitable "secondary" result is to destroy a foetus, but this can only be done if the health of the mother makes it impossible to wait until the child is viable and there is no other adequate treatment known. (A hysterectomy performed on a pregnant woman for cancer of the cervix uteri is a case in point.)

By many Christians outside the Catholic Church, however, it is held that the mother's life has a priority and abortion is permissible to preserve her life or health (mental or physical) where there is no alternative treatment and the risk is substantial. Since the famous Bourne case in 1938, this has been the law as interpreted in the Courts. There is also a considerable group of people who would go much further and would give the mother, married or single, authority to terminate almost any pregnancy inconvenient to her with the permission of a tribunal or, according to some schools of thought, at her discretion. The unborn child is held to be definitely a "second class citizen".

To those accepting this "humanist" or "utilitarian" point of view, the refusal of abortion to ease the mother's difficulties, or even to save her life, is cruel if not actually immoral. It all depends on the view one takes of the sanctity of human life, and how far a foetus can be considered as fully human. These are theological and philosophic matters which cannot be argued here. Accepting, as we do, the Catholic standpoint, we would agree with its critics to this extent, that we consider that a rejection of any form of treatment on moral grounds carries two serious obligations; firstly, to investigate just what we are doing and what physical disadvantages, if any, our refusal may entail on our patients, and secondly, to do everything within our power to offer the best alternative remedies.

The first obligation is particularly difficult to discharge when considering "psychiatric indications", because the term is used in such an indefinite manner. The Swedish law actually covers such

vague entities as neurosis combined with a "socially stressful situation" or "severe reactive psychic insufficiency in a previously mentally healthy woman in connection with unwelcome pregnancy" (Ekblad p. 25). In this country there is greater hesitation in confusing emotional, social and psychiatric reasons, but the practice of different individual specialists, and even of medical schools, varies greatly and may approach Scandinavian standards. The incidence of therapeutic abortion in the hospitals of England and America varies from 1 in 35 to 1 in 16,750 cases. In New York City there are five times as many abortions done in private hospitals as in municipal hospitals (Gebhard, 1959). One of the hindrances to a scientific outlook on the problem is that where cases are so comparatively infrequent (one in 2,000 in the practice of one of us), practitioners may be tempted to make unwise generalisations based on very few examples. Another factor leading to misconception is that the mentally sick pregnant woman comes under several specialists; possibly a psychiatrist, gynaecologist, besides the family doctor and the M.O.H. and his staff, but quite likely none of them has much opportunity for long-term observation of the case. It is, therefore, not altogether surprising that there has been little real evidence on the relationship between pregnancy and mental health. In how many cases is the "life and health" of the mother really at stake? When the abortion has been performed, did the mother in fact benefit; where it was rejected, did she deteriorate? How often was escape from some social dilemma the true indication for the operation?

The admirable surveys published by Jeffcoate, Harrington, White and Ekblad, and more especially the illuminating discussion at the Royal Society of Medicine (Psychiatric Section) in 1957, show how many baseless assumptions have become embodied in medical teaching. It has commonly been feared that pregnancy almost automatically acts to make the symptoms of mental disorders worse, but the reverse is often true and there is no evidence that an attack of developed psychosis is cut short by abortion. There is no evidence that the possibility of a future attack in another pregnancy (calculated at about 7%) is diminished by having an abortion the first time. Recurrences of puerperal breakdown (which are about five times as common as those occurring during gestation) are seen after abortions as well as after labours at term. Most experts would agree with Harrington that "child-bearing is a non-specific stress which may precipitate mental illness in a few predisposed individuals" but even then is not the disaster which tradition has led us to expect. The opinion of Professor E. W. Anderson expressed at the before-mentioned 1957 Royal Society of Medicine discussion, "if I have gained one impression from this study it is that abortion in the large majority of psychiatric cases, has now little justification" would appear to be endorsed by most specialists, if not by all.

One of the commonest arguments for extending the freedom to abort (with or without the supervision of tribunals) is that the incidence of illegal operations would be very greatly reduced. But no country where this experiment has been tried seems able to make such a claim with assurance; in Russia, Japan, Sweden and Denmark there is even a strong opinion that illegal abortions may have increased. This should not be surprising for it would only be natural that the legalisation of abortion would encourage women to engage in irregular sex relationships confident that there is an easy way out should pregnancy ensue.

The most disturbing possibility confronting the doctor unable to agree to a request for termination is that the patient will commit suicide. The suicidal tendency may be either a symptom of a definite psychosis or psychoneurosis, or the reaction of a profoundly distressed but "mentally normal" woman to a pregnancy unwelcome for any reason. If the suicidal tendency is part of a psychotic picture it is, however, more likely to be expressed in laments of unworthiness than by open threats of self-destruction or requests for abortion. The great majority of women threatening suicide belong, however, to the stress-reaction group and if refused abortion they tend either to have recourse to illegal operations or to decide to bear the child. Statistically, the risk of suicide is very small. We have not had a single case. Surveying the field of current medical opinion on termination on psychiatric grounds, one has every justification for claiming that the practice will gradually follow termination on physical grounds into oblivion. As in so many other departments of mental health, much more research is needed but greater knowledge is leading everywhere to a shrinkage of reasons for the destruction of foetal life.

Turning now to the second obligation, i.e. that of providing our patients with alternative remedies, we find the outlook equally hopeful for numerous reasons.

1. Being doctors, we think first of the *prevention* of the unfortunate situations which lead up to the demand for termination. To begin at the beginning, any change of public opinion leading to a greater sense of responsibility in undertaking parenthood would lead to an improvement in the abortion rate. The decision as to child-bearing belongs, of course, to the patient and her husband; it is not for medical practitioners to say "You must not have another child", or still less "You must never have a child." The couple are entitled, however, to an objective statement about the facts and should be given ample opportunities for discussing them with their doctor, for the situation is not easily appreciated and misunderstandings often arise. Risks such as that of recurrence of mental disorder in another pregnancy should be pointed out, and any special detrimental factors in the case such as bad heredity, concomitant physical disease in the mother, exhaustion of body or

mind for any cause. The difficulties likely to arise in rearing the child should also be faced. A decision against having more children, either temporarily or permanently, would naturally lead to instruction in the use of the rhythm method. Every scrap of hope for a more normal future should be preserved; few situations do not contain a germ of improvement.

2. If most doctors are now confident that mothers suffering from psychosis can be carried safely through pregnancy and labour, it is not only that they rely on modern treatments, but because they assume that anywhere in this country such care is available. There is some danger, however, that because of the inevitable complexity of our health organisation, or because of her depressed or resistant state of mind, a woman may fail to use her opportunities. Sometimes it would seem that her medical advisers have thrown in their hand rather quickly. It is startling to learn, for example, that among the 479 Swedish women studied by Ekblad, none had had in-patient psychiatric treatment before they got permission from a tribunal to be aborted. Normal treatments used in mental hospitals are not contra-indicated in pregnancy; even electro-convulsive therapy can be given, under relaxants and general anaesthetics, up to the 32nd week. If the patient is judged to be a genuine suicidal risk, prompt arrangements for care under security should be made. Better a few days too soon that five seconds too late.

3. Full social care is nearly as important as medical care for these cases, and sometimes more so; one can say confidently that practically every pregnant and mentally disordered or mentally handicapped woman has a social problem, and often a highly complicated one. As the readers of this journal, but not everyone else, know well, a doctor may give sympathy and reassurance but he cannot undertake the carrying out of the elaborate long-term plan so often needed. Many of the women for whom termination is desired are tired, worried housewives, ill-supported by their husbands, unable to cope with the children they have, and understandably desperate at the thought of another. Abortion, even if permissible, would be no real remedy. The woman is soon pregnant again and the bulk of her troubles remains untouched. It would surely be bad case-work and bad medicine, as well as bad morality, to offer repeated abortions as a remedy. There is not only a small, though not negligible morality rate (2 to 5 per 1,000), but unpleasant physical consequences are apt to follow, e.g. endocrine shock, personality changes or gynaecological troubles which may threaten her marital happiness. A Marriage Guidance clinic and the officers of the Public Health services may help a great deal. Here is one example which could be multiplied out of the experience of either of us: Mrs. W. Multip. 5., came four years ago for an opinion, as a psychiatrist had strongly recommended abortion. She was then four months pregnant. On investigating the cause of her

acute depression and suicidal threats, it was discovered that there was great distress in the home as her husband was drinking heavily. Help was given and her pregnancy terminated in the delivery of a healthy baby. She is now pregnant again; her husband has stopped drinking and her life is happy.

The other group who tax all our resources are the single women, especially those who have been deserted by, or separated from, the father of the child. "It is especially the deserted woman who is alone who runs the risk of committing suicide in connection with an unwelcome pregnancy," says Ekblad. Can one do anything effective to help these pitiful victims of tragedy? Social workers with very diverse methods and of all religious faiths have proved that they can. It is significant that the officers of the National Council for the Unmarried Mother, looking back over many years, have never heard of the suicide of any girl who came under their care. After the Bourne case in 1938, one searched London records in vain for an authenticated case of a girl of 16 or under who had had a mental breakdown due to pregnancy or to rape, and failed to discover a single instance, but all had had devoted care either from relations or charitable organisations, or both. Professor Anderson in Manchester, and many other workers, have confirmed these findings.

It has been urged that by instituting tribunals empowed to give permission for abortions to be carried out on specified grounds, many hardships could be avoided. We find the idea unpromising. A tribunal seems on many grounds to be a very unsuitable instrument for making the kind of investigation necessary for determining the truth of statements made in the applications. Moreover, if the terms of reference are to be drawn, and applied, strictly, the situation would be no easier for the mother than it is now. If as loosely drawn as in Scandinavia, for example, where the law allows the pregnancy to be terminated for "weakness" or "predictable weakness", practically any case could get through and it would be hard to see why women were not simply given a free hand.

We feel, after careful study of our own practice, and the literature, that there is no case for therapeutic abortion on psychiatric grounds in the great majority of patients, and that with further increase in medical knowledge, the number of these cases will be still more reduced as has already taken place in every other branch of medicine.

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Abortion Law in Other Countries

Not surprisingly, the state of the law varies considerably in different countries. We are indebted to the W.H.O. International Digest of Health Legislation for the information on nine European countries on which these notes are based, and must apologise in advance if our attempts to summarise this have led to any misconceptions. For facilities for studying the Digest we are indebted to the office of the World Federation for Mental Health; information about Sweden was supplied by the Swedish Institute for Cultural Relations.

The countries were Finland, Denmark, Sweden, East Germany, Poland, Hungary, Czechoslovakia, Bulgaria and Yugoslavia: and thus offers an interesting comparison between the Scandinavian countries, and those with Communist governments. (*For the provisions made in the U.S.S.R. see Miss McClellan's article, p. 107.*)

Speaking broadly, there are four major reasons for considering termination: they are, where pregnancy (a) is likely to damage the mother's health, or (b) following violence, or (c) is likely to result in a child with a hereditary disease, or (d) constitutes an intolerable social strain.

The importance allowed to these various grounds differs considerably from country to country, as of course do the various factors within these groups.

But certain points are of interest: Group (a), where pregnancy is likely to endanger the life or health of the mother, is a ground for termination in all the nine countries listed. In these, health seems indivisible and psychiatric indications seem as legal as any other medical indication: which would indeed seem logical. Yet in this country, psychiatric indications are looked at askance by many doctors who accept physical.

(b) Pregnancy following rape can be terminated in Finland, Yugoslavia, Poland, Denmark, Czechoslovakia and Sweden.

It will be recalled that Mr. Bourne brought a case, with much courage, to test whether such termination was valid in England, but in fact this did not clarify this issue, for the case was held to come under the heading of termination for medical reasons, and no clear precedent was laid down.

(c) The possibility of severe hereditary disease is accepted as a reason for termination in Finland, East Germany, Yugoslavia, Denmark and Sweden, and in these cases it is sometimes laid down that sterilisation must be performed as well.

(d) Social factors, not necessarily producing a psychiatric breakdown, are allowed as grounds for termination in several countries, but when this is so, strong recommendations are made to the responsible authority to try to persuade the patient to continue with the pregnancy. This is so in Poland, Sweden, Denmark ("in a very

special case"), Czechoslovakia and Hungary. Bulgaria alone in this list (but, it is believed, like the U.S.S.R.) allows a woman to apply to end a pregnancy she does not want. The termination must, however, be in a gynaecological hospital, and not after three months. Here, too, attempts are made to persuade the mother to continue the pregnancy, by propaganda, and by personal counselling.

It may also be noted that even in the countries where legal termination is less restricted than in England, it is prohibited—sometimes with severe penalties—after the third month, except if the mother's life is in danger.

It has been suggested that to make abortion easier and legal will increase the number of illegal abortions, Dr. O'Sullivan and Dr. Fairfield make this point, and claim that there is strong opinion in Russia, Japan, Denmark and Sweden that this has occurred, their argument being that more women engage in irregular sex relationships confident of an easy way out if pregnancy should ensue. But why in that case they should not use the easy way out, but turn instead to something known to be dangerous, seems obscure.

There is also considerable variation as to who is to take the vital decision. In Finland, for example, two doctors must agree, one being specially appointed : in Yugoslavia, it is a board attached to a gynaecological unit : in Sweden, it is a National Board : in Czechoslovakia, a committee which appears to include a trustworthy and respected laywoman : in Poland (apparently), the medical committee of the hospital.

There is food for much thought in all this. R.F.T.

A Visit to U.S.S.R. and Poland *(Part 1)*

By D. McCLELLAN

In June 1961 I had the opportunity of going with a delegation from the Women's Group on Public Welfare to the U.S.S.R. and Poland. The purpose of the visit was not a specialised one; the Group had invited six women from the U.S.S.R. to visit England the year before and this was an exchange of hospitality. It was understood that we should like to see something of the general life of people in the U.S.S.R and that while all of us would be interested in housing, education and the welfare of women and children there would also be an opportunity for individuals to see people and places of special interest to them professionally.

I therefore asked to see as much as possible of the mental health services, and especially provisions for community care and rehabilitation and the care of the mentally subnormal. Our hosts were most co-operative and as soon as they understood what it was one wanted to see they tried to make the necessary arrangements.

There were slight difficulties at first because the group arranging the trip were lay people who knew nothing about the psychiatric services but fortunately I had taken the proof of Mr. Kenneth Robinson's booklet with me and some other articles and this helped to pave the way. There was the same problem in one or two of the visits when the interpreter I had been given found it difficult to translate what a doctor was saying, not really because she did not know the English equivalents but because she simply did not know what he was talking about. By great good fortune, however, one of the interpreters was a doctor's daughter and when she was with us things were much simpler.

The Subnormal

In Moscow and other leading cities there are Institutes of Defectology which act as diagnostic and research units for all types of physical and mental defect. I visited the Institute of Defectology in Moscow and was seen by the Director of the Institute and by a Dr. Lubovski who spoke English and who had been at the W.H.O. seminar on Child Guidance in Brussels. He had in fact hoped to come to the London Conference on the Scientific Study of Mental Deficiency, but for some reason was prevented. Dr. Lubovski explained that the children were then at a holiday camp in the country but that normally they attended a school run in connection with the Institute just outside Moscow. This school takes physically and mentally handicapped children between 7 and 17 years of age. Pre-school children attend a kindergarten run by the Ministry of Health. Parents may also send their severely subnormal children to special hospitals or they may keep them at home, in which case I was told they would be visited by home teachers and that the parents would receive a pension for them.

I had the impression that the school connected with the Institute was concerned mainly with what they call the "debile", whom we would call the subnormal, rather than the severely subnormal.

The school has two aims: first to give the children a general elementary education and secondly to prepare for vocational training.

Vocational training is in two stages. In the first four grades they are given some general knowledge of handwork and work in different workshops. At a later stage, they are trained either for agriculture or for industry.

In the general school, the pupils go up to the seventh grade (the normal school has eight) but the mentally handicapped children are usually in grades two and three. The children from these grades can go on to sheltered workshops attached to the dispensaries or they may be placed in open industry. At the time of my visit two "debile" girls had been placed in a textile factory and had produced

30% more than their quota. Most of the subnormal, I was told, were employed in agriculture or non-mechanical routine work.

A Sheltered Workshop

The Vladmir Bekhterev Scientific Psychoneurological Research Institute in Leningrad includes a sheltered workshop for the mentally disordered. The Director explained that "labour therapy" is used all over the Soviet Union and that one of the functions of a research institute is to work out new methods. The Institute takes patients with severe mental disorders, neurological disorders and some neuroses, and takes all age groups, including some very young children.

I was told that "labour therapy" was a regular part of treatment except for short periods in an acute illness.

The workshop I saw was in a basement with very subnormal conditions. The buildings are, it is said, to be pulled down and re-built but in the meantime it was considered important to get the work started and not let the patients remain at home. Most of them come in daily to the workshop. One group was making components of fountain pens and assembling them. Some were working on simple sorting processes. Some were carrying out repetitive work. Others, including some severe epileptics, were working on powered drills. The women were mainly engaged in sewing, not hand sewing or embroidery, but using sewing machines and making simple, rather crude clothing for the patients.

A good many of the patients looked like chronic schizophrenics. some were mentally defective but not very low grade. I was told that the severely psychotic are employed on making cardboard boxes, carpets or other things which cannot harm them. When the acute stage of the illness is over, the Institute tries to evaluate what residual skills the patient has, and to build on them. When the patients leave hospital, after-care is carried out by psychoneurological dispensaries to which sheltered workshops are attached. These workshops take people with all forms of mental disorder. The patients work six hours a day instead of the normal seven and are paid for the work they do. In addition they receive a basic disability pension. Chronic patients may continue to be employed at the sheltered workshops and live with their relatives. There is a strong family spirit and relatives are usually reluctant to let patients go into the hospitals for the chronic mentally ill. These hospitals, we were told, are usually situated far away from the big towns in the woods or mountains.

The minimum stay in a sheltered workshop is usually six months. After this, if the patient is considered well, he is given a certificate of fitness for employment. It was explained to us that there is a certain reluctance on the part of staff managers to take the mentally disordered.

The staff patient ratio is fixed by law at 1 staff to 10 patients but it was not clear how this was distributed between doctors, nurses and instructors. The instructors are workers from the factories. We saw a joiner who had volunteered for this work supervising the making of swings. The procedure is to take a skilled workman and to give him a course of instruction on the handling of patients and how to anticipate and prevent excitement, etc. The instructors have also an annual course of lectures covering the background to mental disorder.

In spite of the squalid working conditions and absence of amenities (two patients were sitting on the floor behind a machine, eating their lunch out of dirty newspaper) the atmosphere was good humoured and not tense.

I did not see or hear of anything of the equivalent of our day training centres in the Soviet Union, nor did I have the opportunity of visiting a hospital for the severely subnormal in the U.S.S.R. My impression is that they are less concerned with the problem of training the severely subnormal than we are and members of the general public to whom I spoke about the severely subnormal usually said, "They will go to special hospitals" and left it at that.

Children's Unit at Kashenko Hospital

The Unit is situated some way from the main hospital and stands in extensive grounds. It takes 240 children of school age suffering from different types of mental disorders but it does not take the mentally subnormal. Amongst the patients were schizophrenics, children suffering from severe epilepsy and others who presented behaviour disorders. Children under seven are dealt with at other clinics.

The unit combines the functions of a clinic and a school. There are 17 doctors and rather more teachers. There is frequent discussion between doctors and teachers on the handling of individual children. There seemed to be a high proportion of nursing staff, but I did not get the exact figures. This was one of the occasions when the interpreter found things difficult.

We were told that the average length of stay in the clinic is from two to three months. Normally parents can visit twice a week, but more frequent visiting is allowed if it seems desirable. Parents are never discouraged from keeping in close touch, the doctor said that sometimes parents showed great anxiety, as when a mother would ring up in the evening and ask if her child's feet were warm. She would take such a request seriously, go and feel the child's feet and reassure the mother. They do not admit mothers with the children. If a child seems withdrawn or otherwise in need they will allocate a special nurse.

We saw children in groups playing sitting down games such as draughts or chess or reading. When the doctor went over to them they all stood up.

We were told that there are committees of children directing certain activities. There are gardens for which the children are responsible and they decide what they shall plant. The week before our visit the children had picked their strawberry crop—ten kilos. They then held a meeting to decide what should be done with the fruit. They decided that if there was not enough to go round it should go first to the weakest or most handicapped children. In the event, each of them got nine strawberries to their great satisfaction.

Some of the older children in one room at the clinic were very quiet and withdrawn, the rest appeared outwardly normal. We were told there was a regular regime of medical care as well as teaching and that schizophrenic children were treated with insulin. E.C.T. is not used in the hospital.

A feature of the unit is a most attractive small zoo with three monkeys, goats, all kinds of birds, fish and other pets. The children help to look after these and show great interest in them. We were told that apart from interest the pets were useful for biology teaching.

The director of the clinic is a woman, a warm person with sympathy and humour.

Abortion Law and Practice

During a visit to a maternity hospital in Moscow I was told that by law a woman had the right to have an abortion if she wished. Doctors, however, tried to discourage this as detrimental to health. Special help is given to single women and they have priority at crèches and kindergartens.

In the entrance hall of the ante-natal clinic there were two posters, one of a laughing mother holding up a lovely baby, the other of a sad faced woman slumped on a park bench watching another woman pushing a pram containing a child. The wording on the poster, I was told, explained that the woman had had an abortion and now could not have a child. In the clinic itself were three more posters, one showing a clandestine abortion in bad conditions, the second a detailed anatomical one showing the damage done to the uterus by insertion of an instrument by an illicit abortionist, and the third showing a woman being admitted to hospital and cared for by a medical team, the caption explaining that if abortion had to be performed, it must be done in hospital as a surgical procedure and that clandestine abortions were dangerous to life.

I was interested that it was considered necessary to campaign against clandestine abortion when abortion was legally recognised as something a woman could demand as of right.

Parliament, Press and Broadcasting

PARLIAMENT

Visiting of Patients in Special Hospitals

On July 26th, a written reply was given by the Minister of Health in answer to a question from Mr. Kenneth Robinson about travel concessions for relatives visiting patients in Special Hospitals. It was stated that arrangements made with the British Transport Commission enabled relatives to get return tickets at the rate of one and a half times the single fare. In cases of near relatives in receipt of a regular assistance grant, additional help could be given by the National Assistance Board.

Discharges from Broadmoor

On August 3rd, Mr. Kenneth Robinson asked the Home Secretary what decisions he had made about patients in Broadmoor Hospital whose discharge had been recommended by the Mental Health Review Tribunal to whom applications had been referred by him.

Mr. Butler said that in four out of the 88 cases which had so far been reviewed, the Tribunal had advised discharge; in two of these cases he had not felt able to accept this recommendation; the other two were still under consideration.

Hostels for the Mentally Disordered

On July 24th, the Parliamentary Secretary to the Minister gave information about the number and location of hostels for mentally disordered patients included in the 1960-61 programmes of Local Health Authorities. The total came to 81, which would provide for about 2,650 persons. The answer did not include any indication as to how many of these projects had got further than the stage of blue prints.

PRESS

Serious contributions to public information in the mental health field have included a survey of psychotherapy and facilities for this form of treatment published as a series of articles, "Healers of the Mind" by Joyce Emerson, in the *Sunday Times* in July and August. The same paper in September carried under the title "Rebellious Youth" a series of extracts from "The Insecure Offenders" by T. R. Fyvel.

In the *Observer*, Dilys Rowe commented in a series of feature articles on "Gaps in the Welfare State" including the problem of helping problem families.

Parliament at the end of the summer session debated violent crime and the paucity of provision of facilities for treatment under secure conditions of the violent psychopath, and Press reports gave considerable space to this topic.

Violent crime must always give rise to widespread Press reporting and comment varying from the factual to the sensational. Amongst the Press coverage of the A.6 murder, the *Daily Mail* featured an article "The Two Faces of a Killer" which tried to give a psychological assessment of the type of man who would have committed such a crime, based on interviews with two psychiatrists. It is difficult to see how the kind of speculation contained in the article could be of any value to Scotland Yard or the public.

BROADCASTING

B.B.C. Television

"Man in the Making", July 11th to August 8th, was a series of television programmes concerned with the development of the child during the first few years of life. Dr. J. M. Tanner, Reader in Growth and Development in Children at London University, introduced these interesting programmes about the development of the brain; the relative effects of heredity and environment on identical twins; perception, instinct, and the importance of the bond between baby and mother to the child's future development.

Independent Television

The fourth programme in "The Road Back" series (Associated Rediffusion) was said to be the true story of a business executive who had a serious mental illness from which he recovered after treatment including E.C.T. and leucotomy, both of which were shown in some detail on the screen. The point was made that it was possible for an elderly patient following leucotomy to regain his full mental health and business efficiency and to that extent no doubt it gave reassurance to some viewers. But the manner of presentation was superficial and misleading, and no account was taken of the need to recognise the great emotional strain which such an illness imposes on the patient's relatives—in this case his wife. The psychiatrist, smiling undaunted through the failure or success of his methods of treatment, gave no support to the worried woman beyond instructing her to guard with great care a bottle of tablets as the patient might be suicidal. As a real life psychiatrist remarked, "Even a trained mental nurse would not be left to cope alone with a patient in that state."

The circumstances of the patient's return to work were rather Utopian. No problems of adjustment arose "as he worked with nice people".

Sound Broadcasting

On July 31st, in the Network 3 series "Parents and Children", Phyllis Hostler gave some personal reflections on her work as a psychologist specialising in work with children and followed this on August 21st and 28th by two talks about Discipline.

In the same series on September 9th, Phyllis Wallbank, headmistress of a London school, talked of "Some Experiences with Retarded Children in a Normal School". On September 18th, ten mothers discussed the advantages and disadvantages of Nursery Schools and their availability.

In the Third Programme on September 12th, Dr. Letitia Fairfield considered such medico-legal subjects as sterilisation, artificial insemination and euthanasia, following publication of Norman St. John-Stevas' book *Life, Death and the Law.*

On September 18th, a consultant neurologist discussed "Accident Neurosis".

In the Home Service, under the title "Is this the Answer?", Sewell Stokes told of his visit to a Detention Centre and of his conversations with the people who run such centres and with some of the magistrates who send boys there. On September 28th, as a prelude to Mental Health Flag Day, Miss Appleby talked for five minutes about the place of voluntary work now that there is a new Mental Health Act.

News and Notes

The Mental Health Services in 1960

The Report of the Ministry of Health for 1960 (Part I) differs from its predecessors in several ways. The usual detailed statistical returns relating to mental health which in former years we have summarised in these pages, have had to be omitted owing to difficulties in presenting by reason of changes made under the Mental Health Act in connection with categories and procedures. For these tables, therefore, we are asked to wait until the 1961 Report.

Another change is to be welcomed in that it makes for simplification. The Mental Health Services are now reviewed in one comprehensive chapter instead of in two widely separated sections dealing with hospital and local authority services respectively. From this chapter (the second) we extract the following information briefly summarised.

Hospital Services for the Mentally Ill

In surveying this field, the Ministry draws attention to the continuing rapid turnover of mental hospital patients: of those admitted in 1958, 66% were discharged within 3 months and 80% within 6 months, although it is true that some have to be re-admitted later for further treatment. In most hospitals 70% of the patients now in care are long-stay but as they die or are discharged to other forms of care, it is unlikely that they will be replaced by an equivalent of new long-stay cases. A substantial

decline in the overall demand for beds is therefore confidently expected so that in 15 years' time the total number needed should be in the region of only 80,000 compared with the present 152,000. At the same time we are reminded that there will be an increase in the demand for beds for old people suffering from mental illness due to physical changes, a possible increase in re-admissions in certain types of cases, and even a "diminution of the community's willingness to tolerate people suffering from mild mental disorders."

However this may be, it is expected that major planning problems arising out of the changes in the pattern of hospital services (e.g. the development of short term psychiatric units in general hospitals, for instance) will occupy the attention of the Ministry and Regional Boards for some years to come.

Hospital Services for the Mentally Subnormal

In forecasting the future of these hospitals, the Report is not able to present so optimistic a picture.

Between 1954 and 1960 the waiting list for vacancies fell by only 1,454 and although the demand for beds for high-grade patients (other than those suffering from emotional instability) is falling off, the demand in respect of lower-grade patients is increasing. Possible reasons for this are discussed, and here again a note of scepticism creeps in, when it is suggested that "long-term social changes may be affecting peoples' views about the extent to which society as a whole should be expected to accept responsibility for the care of those who suffer from certain serious kinds of disability."

In planning developments in this field it is noted that regional boards must take into account the fact of the expected decrease in the demand for accommodation for the mentally ill which might become available later on for the subnormal. The plans being made by local authorities must also be considered and it is recorded that to an increasing extent good working relationships between the two services are being established.

Community Services for the Mentally Disordered

The summing up of the two and a half pages devoted to this subject may perhaps be taken as the key-note of the present position in regard to "community care"—namely, that 1960 was chiefly notable "as a year of planning, of laying foundations and establishing lines of communication of which the full benefit will be realised in years to come."

Solid progress is, however, recorded in the provision of Training Centres for the mentally subnormal. During the year, 53 new ones were opened and plans approved for an additional 37. At the end of the year, 84% of children and 67% of adults considered suitable for training were receiving it, compared with 80% and 49% at the end of 1959.

The Needs of the Chronic Sick and Elderly

In a section on this subject included in the Report of the Central Health Services Council for 1960, it is stated that in 1959 the proportion of persons over the age of 65 in England and Wales was 11.8% of the general population and that by 1978 it may have reached 14.8%. About 96% of all old people live at home and the majority are well and active, but nearly a million live quite alone, and many are without any "effective human contacts". A quarter of a million are over the age of 85.

In drawing attention to the various services available, the Report stresses the need for general practitioners heavily burdened with the care of the chronic sick and elderly patients, to effect a close liaison with the Medical Officer of Health who in his turn should keep doctors fully informed about the types of help the Authority can offer and the voluntary organisations in the area to whom applications can be made.

More than 90 geriatric units have now been established which are "specially concerned with the sociological factors influencing disease in the elderly" and, it is also noted, there are a few Day Hospitals aiming at preventing physical and mental deterioration in old people who would otherwise require in-patient care.

Suicide Act, 1961

Since this Act became law on August 3rd, 1961, suicide and attempted suicides are no longer criminal offences.

The Act brings about a reform urged in recent years both in and out of Parliament and supported by strong representations made by a Joint Committee of the British Medical Association and the Magistrates' Association and by a Committee appointed by the Archbishop of Canterbury in 1958, and finally recommended by the Criminal Law Revision Committee set up by the Home Office to examine the whole question.

Very quickly after the passing of the Act, the Ministry of Health issued Circulars to Local Health Authorities, Regional Boards and Hospital Committees and an informative note to Executive Councils for the guidance of general medical practitioners. The importance of ensuring that cases of attempted suicide shall receive psychiatric investigation is urged and no one should be discharged from in-patient treatment in hospital or from a casualty department without it. Local authorities are asked to co-operate by providing any necessary care or after-care in the community, and general practitioners with patients who have attempted suicide but not received treatment in hospital will, it is suggested, need to consider whether psychiatric treatment is necessary and whether the help of the local authority through its mental health or other services should be enlisted.

Reviews

The Skills of Interviewing. By Elizabeth Sidney and Margaret Brown. Tavistock Publications. 35s.

According to the notes on the jacket "this book has developed out of the authors' long collaboration in conducting management courses on industrial psychology and human relations"; and where the authors are discussing their own experiences and ideas it has an authentic and satisfying ring. Their synthesis of theoretical insight and awareness of the practical realities of the day-to-day industrial scene is particularly successful.

The authors begin by discussing some of the studies which cast doubt on the reliability and validity of the interview as a method of assessment and they stress the fact that few of these include any useful information about the interview method under review. They give some examples of what passes for an "interview" in practice and make the point, which has so far been seriously under-emphasised in the literature, that many so-called interviews are so bizarre that it is hardly surprising that they produce so little in the way of useful results. They conclude that "experiments to test the value of the interview as a method of selection which are not based on detailed information about the purpose and method of each interview . . . are hardly fair indications of the potential of the selection interview". Their own discussions and examples of selection interviews, demonstrate that this method can be used successfully to collect factual information on which an objective assessment can be made. Perhaps the most valuable parts of the book are the discussions on the pitfalls into which the untrained interviewer so readily falls—failure to collect an adequate amount of factual information about the use the candidate has made of his opportunities in the past; failure to prevent his own attitudes and prejudices from distorting the information he gets; clumsiness in handling the actual interview situation so that the candidate is either left in the air or put on the defensive.

It is possible to disagree with the authors on some points, such as the framework of categories under which different aspects of personality can be most readily considered and also the standards to be used for assessment on a variety of jobs—should they be based on the general population or on the selected group of applicants likely to prove suitable for a particular position. Perhaps also, rather too much space has been devoted to some rather pedestrian matters about the preparation for the interview, application forms, and somewhat anecdotal references to other studies and cases. These, however, are probably necessary in a book intended to serve as a guide and by contrast they may enhance the value of the very successful discussions on the dynamics of personality and the

interactions between individuals. The chapter on the "Development of Personality" is outstanding in its insight and economy, while that on the "Problem of Bias" sums up many of the inter-personal processes which can interrupt effective communication. Similarly the second section of the book on Personnel Interviews is a valuable contribution to the line of thought represented by Professor Argyris —that the difficulty of adjusting the needs of the individual to the demands of the organisation lies at the root of many of the day-to-day conflicts in industry.

J. MUNRO FRASER

The Social Epidemiology of Mental Disorders. By E. Gartly Jaco. Russell Sage Foundation, New York, 1960. $3.50. 228 pp.

This book is not, strictly, about the social epidemiology of mental disorders but only, as it is subtitled discreetly, "a psychiatric survey of Texas."

In practice the coverage of this survey is even more limited for: "All bona fide residents of the State of Texas who were diagnosed as having a psychosis . . . and who sought psychiatric treatment for the first time in their lives during 1951 and 1952, were counted as 'cases' in this survey." People with neuroses or personality disorders were therefore not included. The case-finding procedure (records of all hospitals and of psychiatrists in private practice) deserves some comment; the author supplies it: "There is no doubt that some mentally disordered inhabitants of Texas obtained treatment, medical or otherwise, from other types of practitioners and professional persons during the study period." There is equally no doubt that other mentally disordered inhabitants went without such treatment. The survey is therefore an incidence study confined to hospitalised, out-patient and private patients with psychoses.

Nevertheless, among the nearly eight million inhabitants of the second largest of the United States, 11,298 cases came to light giving a crude annual incidence rate of 73.3 per 100,000 total population. The rest of the book considers the factors of age, sex, culture, migration, place of residence, marital state, occupation and education in relation to these cases. The conclusions were that rates increased with age and were higher for women "Anglo-Americans" yielded per capita more cases than non whites and Spanish-Americans had the lowest rates. Native-born Texans had as much psychosis as immigrants, the majority of whom hailed, of course, from elsewhere in the U.S. Urban areas yielded more cases, proportionally, than did rural areas. Highest rates were among the divorced, then among the single population. Educational status was not significantly related to attack rates. The highest rates existed among the unemployed but, for those who were working, high rates were found among "the professionals and semi-professionals."

Most of these conclusions are already widely appreciated but the last two are unexpected. The former, however, loses in importance when we read that "data [on educational attainment] were available for only 52% of the entire psychotic population."

This leaves to be explained the surprising occurrence of, among the employed, highest incidence rates for those in the professional and semi-professional grades. The author believes that contrary findings from other studies (and they are numerous) arose because they were based only on cases coming to hospital and did not include cases receiving private care. But this does not apply to the Hollingshead and Redlich Survey in New Haven. The present study, moreover, does not agree with Hollingshead and Redlich in respect of pattern of diagnosis in relation to social class for: "The schizophrenia rate was highest for the service occupations, *closely followed by* that for the professions." By default the reason for this interesting finding must remain unknown. It is a virtue of this survey to have thrown it up and presented it for discussion.

So the considerable painstaking labour that has gone into this study and the preparation of this volume is not without reward. It is hoped that others beside Texan psychiatric social epidemiologists will learn through it.

W. I. N. KESSEL

11-plus "Rejects". By S. S. Segal. Schoolmaster Publishing Co. Ltd. 7s. 112 pp.

Apart from its ill-chosen title, this is a useful book written by a man with considerable experience of teaching E.S.N. boys of secondary school age. It is practical, and from it many teachers will be able to get some help in how to get on with and teach such boys.

Naturally, this presupposes that headmasters will agree with the "total" approach outline. It becomes quite clear on reading the book that what really takes place between the teacher and his pupils is a long-term process of rehabilitation. It shows him in the role of a social worker and this, if course, raises many implications both for training colleges and for those who run courses for teachers of backward children, on how best to prepare their students for such a role.

There is a useful book list but the list of "Readers" could well have been omitted and a reference given instead to publication No. 9 of the Bristol University Institute of Education which cannot be bettered.

The book is attractively produced and cheap at the price.

PETER SECRETAN

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The book is attractively produced and cheap at the price.

PETER SECRETAN

Communication or Conflict. Conferences: Their Nature Dynamics and Planning. Edited by Mary Capes. Tavistock Publications. 30s. 228 pp.

This is an unusual book consisting largely of the verbatim reports of a series of small group discussions which took place within the framework of the Eastbourne Conference held by the World Federation for Mental Health and the Josiah Macy Jr. Foundation. There are also short papers by Dr. Margaret Mead, Dr. Otto Klineberg, and Dr. T. A. Ratcliffe, which were studied before the Conference. As Dr. Mary Capes, the editor, says in her introduction, the book is not designed as a rigid set of blue prints on conference management. Indeed, any reader seeking such a blue print would find the discussions frightening or frustrating. It does, however, serve excellently the purpose for which it is intended, to sensitise those interested in small conferences to the subtleties involved, and will certainly stimulate those who read it in this spirit. It has particular interest for those concerned in international collaboration, at conferences or elsewhere. It also calls attention to the rich finds waiting to be made in what Dr. A. T. M. Wilson calls "the golden hills of conference research". It will need reading more than once.

R. F. TREDGOLD.

Subnormal Personalities. By the late C. J. C. Earl, F.R.C.P., D.P.M., F.B.Ps.S. Bailliere, Tindall & Cox. 30s.

This remarkable and brilliant book throws a searchlight on to the clinical study, treatment and training of a section of our community whose problems have been so misunderstood and ignored.

The author's approach reveals much profound and original thinking based on a new concept of the condition which has been labelled "subnormality", and his opinions and findings are the result of years of experience with, and insight into, subnormal patients in their day to day life in a residential colony. One of the conclusions he stresses is that the free use so often made of the term "subnormality" has little or no value unless the assessment of the condition is related to the cultural background and standards of the community in which the individual has been nurtured.

A foreword is contributed by Dr. Kenneth Soddy; there is a section on the treatment and training of adult subnormals with two appendices on clinical mental testing and on the Earl's Moron Battery Test by Dr. H. G. Gunzburg, and the book is of outstanding interest and concern to all who are working in the field of mental health and welfare.

B. C. MARSHALL.

Identity: Mental Health and Value Systems. Edited by Kenneth Soddy. Tavistock Publications. 25s.

The two studies in this volume constitute the first two cross-cultural studies in Mental Health produced by the Scientific Committee of the World Federation of Mental Health.

The first study on "Identity" is an attempt to bring into focus some of the current thinking on the problem of identity.

The second is an exploration of ways in which concepts of mental health differ or agree with prevailing religions and ideologies.

The presentation takes the form of the edited anonymous views of the different members of the Committee amplified by the testimony of psychiatrists from various countries on the above topics. The book is tastefully produced and gives, one gathers, a judicious and careful account of the stock-taking of the Committee in its deliberations.

The choice of presentation and the nature of the Committee's self-allotted task, entails a lack of specific facts and of first-hand accounts of research. One misses therefore the detailed coming to terms with any single ideology or culture. A few references are supplied, but there is no adequate bibliography (an exhaustive one would not be necessary).

This book has not quite enough ego strength to overcome its "identity weakness". The effort of its generators will not have been wasted, however, if it prompts (as was its intention) the reader to make whatever contribution he can to the problems to which this study is addressed.

R. D. LAING.

Forgotten Men. A Study of a Common Lodging House undertaken by the London Council of Social Service at the request of the Gulbenkian Foundation. By Merfyn Turner. Obtainable from 26 Bedford Square, London, W.C.1. 5s.

This is a most worth-while volume, that should be read by social workers in particular and humanitarians in general. Within small bulk, it lays bare, without offence to those who are labouring now in this field, the great need of the inhabitants of Common Lodging Houses, to be understood in the first place, and to be given the help they so sorely need, in the second. The survey is well planned, and carries conviction, enriched by the author's expression of personal opinion. The report is based on "Domino Lodge", the epitome of all lodging houses, and after a rather slow beginning, the evidence is built up with convincing detail. There is much in it to deplore and dismay, but there is no false note.

The concluding chapter gives much food for thought, and would provide excellent material for serious discussion. The hard

core of the problem of the homeless man is not the elderly pensioner, nor the employed resident, but the rootless, unwanted, "casual"; and his need cannot be met in a mass grouping such as is found in all lodging houses. He needs the family pattern on which to build his faith in himself, his neighbour and God. He must recognise the "sheer and continuous love for all men" in those in charge if he is to have the incentive to establish himself in the community—even if his role there will always be a semi-dependent one.

There is challenge on every page of this book.

C. Ross-Hogg

Exceptional Children. By F. G. Lennhoff. George Allen & Unwin. 21s. 201 pp.

This is a fascinating account of life in a very special school for maladjusted boys. Mr. Lennhoff is unique and he has managed to convey the very flavour of Shotton Hall where he and his wife jointly give new opportunity and new hope to seriously disturbed boys.

This book is an inspiration to all concerned with the residential treatment of emotionally disturbed boys. R.S.A.

Common Nervous Disorders. By F. R. C. Casson, M.B., D.P.M. London W. and G. Foyle Ltd. 4s. 88 pp.

In these days of increasing public awareness of mental health and illness, any attempt to provide a cheap popular manual must command interest. Dr. Casson's is the latest. His short book, in Foyle's Health Handbooks series, describes the more common psychiatric conditions in common sense terms, and an atmosphere of optimism. To this extent it will help to dispel ignorance and prejudice. He avoids giving much practical advice, but his book may lead to more people being sent for, and seeking, psychiatric help with less resistance.

R. F. Tredgold

Nobody's Brother. By C. F. Griffin. Barrie & Rockliff. 18s.

This is a novel about an epileptic boy living in a New York apartment house. One reads of his desperate struggles to be as tough as his robust schoolfellows, the devastating setbacks occasioned by his disability and the attempts made to help him by an understanding psychiatrist. The story is in parts dramatic and highly coloured and there are incidents which evoke in the reader a response of the "it couldn't happen here" type. But interest is sustained throughout and a novel on this theme should help to arouse concern for all severely handicapped children and a greater awareness of the challenges which life brings to them. A.L.H.

Law for the Rich. A Plea for the Reform of the Abortion Law. By Alice Jenkins, with an introduction by Glanville Williams. Gollancz. 15s. pp. 96.

As Dr. Glanville Williams says in the foreword, this book is the story of a "pressure group"—an unpleasant term perhaps, but one which could well have been applied to the pioneers of many reforms. This is, of course, the Abortion Law Reform Association. Mrs. Jenkins is well fitted to describe it, for she was a co-foundress, and she has been actively concerned for 34 years: and her account is vivid and stimulating. The method of approach is, however, more to recount a series of anecdotes—very telling ones—than to present a reasoned plea to the intelligence. This comes from the foreword, which Dr. Glanville Williams provides with his usual clarity and vigour. There are three valuable appendices—on the law as it stands, a draft of a new bill, and a memorandum presented to the Interdepartmental Committee on Abortion.

The title, of course, is rather misleading but indicates what is true—that people who can afford it can obtain abortion—with medical if not legal safety—while others cannot.

It seems a pity that, if one of the book's aims is to persuade public opinion to force Parliament to reform the law and to follow the example of most Protestant European countries and some of Asia, no details of the law elsewhere are given, nor were they available from the A.L.R.A. offices.

R. F. TREDGOLD.

An Approach to Old Age and its Problems. By Margaret Neville Hill, C.B.E. Oliver & Boyd. 15s. 133 pp.

This well-written book with delightful illustrations, is the fruit of Mrs. Hill's long experience of work for the aged. It has much to say of use to the social worker but still more to those responsible for residential Homes, and it is written throughout with wisdom and great sympathy.

R. S. ADDIS

I'm All Right. By Charris V. Frankenburgh, J.P. Macmillan. 13s. 6d.

Mrs. Frankenburgh has chosen as a sub-title for her book: "Spoilt Baby into Angry Young Man".

Her theme is that the way children are brought up today is so sloppy and spineless that the result is the Angry Young Man. To prove her thesis she has assembled a series of statements, carefully indexed, made by angry adults.

This attitude towards the young is a stage we all go through as we get older; let us be thankful that like the young, we also grow out of our worst phases.

HILARY HALPIN.

An Approach to Community Mental Health. By Gerald Caplan, M.D., D.P.M. Tavistock Publications. 25s.

This book does not deal exclusively with mental illness as is so often the case with works on "Mental Health". Dr. Caplan first discusses processes involved in raising the level of mental health among members of the community, and secondly the activities aimed at reducing the incidence of mental disorder in the community, i.e. prevention. The style of the book is easy, and the language non-technical, having been largely derived from addresses given to various groups of professional workers. Without psychiatric jargon, he presents many important psychiatric concepts which have a relevance extending into more general fields.

The headings include—A Community Approach to Preventive Psychiatry, The Psychology of Pregnancy, Early Mother-Child Relationships, and Mental Health Aspects of Family Life.

Building on a concept from an earlier work (*Emotional Problems of Early Childhood,* p. 156) he pays attention to pathogenic forces in the community, together with the traditional means by which people have found reparative influences which help adaptation to life problems. He refers to the importance of "key people" who exert a potent effect upon the mental health of a number of other individuals, and to "crisis events" which are usually associated with some sudden change in the social or personal background of an individual, such as separation from members of the family, bereavement, or stages in personal development, including pregnancy, childbirth, physical illnesses and operations, change of employment and moving into a new neighbourhood. Individuals and families react to such crises in different ways, and a serious disturbance on one occasion is likely to be repeated in a new crisis. The key people who give support and guidance include nurses, doctors, clergymen and policemen, and he describes them as "Caretakers of the Community". One could add that work of this kind has, in the past, been done imperceptibly by non-professional people, and many of the daily contacts in our lives are therapeutic. There is, however, an essential difference between the amateur and the professional, and social change has made it necessary to professionalise the provision for the needs created by the disturbance in our *milieu.* The caretaking agents themselves are apt to be stimulated by the same kind of crisis as their clients, and therefore they need a deeper insight into the problems.

These ideas are relevant to Caseworkers and to Therapists, both in training and in the constant renewal that a professional worker receives in discussion groups and supervision. The worker learns to recognise and to respect healthy degrees of anxiety and grief, and, because he can tolerate these processes in himself, he is able to help his client to allow worry and grief to do their necessary work. One has seen only too often the harmful effect of reassurance

given in a manner which denies the patient the value of realistic appraisal and support in a time of trouble.

In dealing with the contribution of the Social Worker, Dr. Caplan encourages a return to the consideration of the importance of social factors, rather than have the social worker engaged exclusively on carrying out a process difficult to distinguish from psychotherapy.

Some breakdowns of personality need specific professional psychiatric help. There are, nevertheless, disturbances, including for example disturbed marital situations, where intervention can be limited to the particular problem of the relationships between people, i.e. the *inter-personal* relationships, without entering too deeply into the *intra-personal* problems. Such limited programmes depend upon the fact that it is possible for an individual to develop reasonably healthy marital relationships even if he remains neurotic. A neurosis can be regarded as an individual's sacrifice for the good of the community, provided that it is not so severe as to incapacitate the individual or impinge unduly on others. Neurosis, however, is not always benign—problems can find expression in a manner which is destructive to others, and there are people who show no disturbance themselves but who are "carriers" of emotional disturbances within their families or in other relationships.

The central problem, which needs more research, is how to provide the consultative and supportive service to the professional caretaking groups, keeping in mind that all professions are constantly changing their role faster than recognised training can make provision for the demands which will be imposed upon their members.

This book will stimulate thought on this and many other topics and should be read by psychiatrists and by those social workers whose work (and whose does not?) impinges on problems of Mental Health.

J. H. KAHN.

The Mentally Handicapped and Their Families. By J. Tizard and J. C. Grad. Oxford University Press. 28s. pp. 143.

This Survey of families with a severely subnormal member at home or in hospital, was begun in 1954 and completed in 1959. The findings are based on information given by 280 mothers and other relatives in the London area.

There are numerous tables which the statistically minded will study with attention, but it is the overall picture of the families described, the extent of the difficulties they encounter and the ways in which they tackle them, the various types of children coming within the category of "mentally handicapped" (i.e. under the old Acts, imbecile and idiot: under the new Act, severely subnormal), and the ways in which present services meet, or fail to meet, their needs, which make the book so eminently readable.

A few of the findings summed up in the "Summary" may be noted here to give an idea of the scope of the survey. Thus:

> The 80 Mongols included in the families studied, "did not differ significantly from the 170 other defectives in temperament, though they included fewer idiots and fewer with severe health or management problems." At the time of the child's birth, 81% of the mothers were over 50 years of age, and 40% over 40 years. In the non-Mongol group there was also an excess of older mothers but a much smaller one.
>
> Only 18 of the 80 mothers of Mongols had been told of the child's condition at the time the diagnosis was made.
>
> Only 20% of the 150 families with a child at home, thought placement might be needed in the near future, and only 8% urgently required placement.
>
> Of the adult defectives at home, only 19% attended Training Centres. In other cases they had been at home so long, for lack of facilities, that the family no longer wished them to attend.
>
> 55% of the families actively welcomed visits from social workers from the L.C.C. Supervision Section but owing to the large number of cases and inadequate staff, it was impossible to provide the family casework needed.

Suggestions for the development of existing medical and social services in this field, are made in the last chapter. They include the need for special clinics providing a Counselling Service through which parents could get expert advice on whether or not they should have more children, and help in facing the diagnosis of mental defect: a service of social workers available to families needing continuing advice and support: a generous provision of Home Helps and special consideration in regard to housing, etc.: some kind of day hospital service for older severely handicapped defectives with the devising of other ways of lightening the burdens of parents caring for those who are specially helpless or housebound. (To these needs we would add the development of "Special Care Units" now increasingly advocated.)

At the same time the book ends on a hopeful note:

> "We have indicated that the commonly expressed view that to bring up a mentally subnormal child in the home must necessarily make life a hell on earth for the family is a false one. The truth is rather that most mentally subnormal children, though more backward, may be as loving and as responsive to affection as any other person."

A. L. HARGROVE.

Recent Publications

Received for Review

MENTAL SUBNORMALITY (Stoke Park Studies, 2nd Vol.). Edited by J. Jancar, M.B., D.P.M. John Wright & Sons. 30s.

POPULAR CULTURE AND PERSONAL RESPONSIBILITY. Report of Conference, London, October 1960. National Union of Teachers, Hamilton House, Mabledon Place, W.C.1. 12s. 6d.

PERSUASION AND HEALING. A COMPARATIVE STUDY OF PSYCHOTHERAPY. By Jerome D. Frank, M.D. Oxford University Press. 35s.

FOUNDATIONS OF PSYCHOPATHOLOGY. By John C. Nemiah, M.D., Harvard Medical School. Oxford University Press. 52s.

HYPNOSIS. By Michael Karoly. Paul Elek. 3s. 6d.

THE IMAGE OF LOVE. MODERN TRENDS IN PSYCHIATRIC THINKING. By Clemens E. Benda, M.D. Free Press of Glencoe, 60 5th Avenue, New York, II. $5.00.

CONTEMPORARY PSYCHO-THERAPIES. Edited by Morris I. Stein. Free Press of Glencoe, New York. $7.50.

THE ADOLESCENT SOCIETY. THE SOCIAL LIFE OF THE TEENAGER AND ITS IMPACT ON EDUCATION. By James S. Coleman, John Hopkins University. Free Press of Glencoe. $6.95.

LAW FOR THE RICH. A PLEA FOR REFORM OF THE ABORTION LAW. By Alice Jenkins. Gollancz. 15s.

PRACTICAL PUPPETRY. By John Mulholland. Herbert Jenkins. 21s.

EXPLORING INNER SPACE. PERSONAL EXPERIENCES UNDER L.S.D-25. By Jane Dunlop. Gollancz. 21s.

PSYCHOTHERAPEUTIC TECHNIQUES IN MEDICINE. By Michael and Enid Balint. Tavistock Publications. 21s.

NIGHT CALLS. A STUDY IN GENERAL PRACTICE. By Max B. Clyne, M.D. Tavistock Publications. 21s.

THE SPRINGS OF CREATIVITY. By H. Westman. Introduction to Part III by Sir Herbert Read. Routledge & Kegan Paul. 45s.

WORKING WITH GROUPS. By Josephine Klein. Hutchinson & Co. 35s.

ANALYTICAL PSYCHOLOGY. Edited by Gerhard Adler. Tavistock Publications. 38s.

YOUR BOOK OF THE HUMAN BODY. By John Burkinshaw. Faber & Faber. 10s. 6d.

THE LIVING SYMBOL. A CASE STUDY IN THE PROCESS OF INDIVIDUATION. By Gerhard Adler. Routledge & Kegan Paul. 50s.

ASYLUM TO COMMUNITY. THE DEVELOPMENT OF THE MENTAL HYGIENE SERVICE IN VICTORIA, AUSTRALIA. By E. Cunningham Dax. Published at request of World Federation for Mental Health by F. W. Cheshire, Melbourne. 30s.

DETERMINANTS OF INFANT BEHAVIOUR. Edited by B. M. Foss. Foreword by John Bowlby. Proceedings of a Tavistock Study Group. Methuen. 42s.

THE CROWDED STAIRS. RECOLLECTIONS OF SOCIAL WORK IN LIVERPOOL. By Dorothy V. Keeling. National Council of Social Service, 26 Bedford Square, W.C.1. 10s. 6d.

MENTAL HEALTH AND EDUCATION. By Dame Olive Wheeler, D.Sc., William Phillips, M.D., F.R.C.P., and Joseph P. Spiller. University of London Press. 15s.

Reports and Pamphlets

HOME OFFICE. Eighth Report on the Work of the Children's Department, 1961. H.M.S.O. 7s.

MINISTRY OF HEALTH. Report for year ended 31st December, 1960. Part I. Health and Welfare Services. H.M.S.O. 12s.

Report of Interdepartmental Committee on Drug Addiction. H.M.S.O. 1s. 3d.

CENTRAL HEALTH SERVICES COUNCIL. Report for year ended December 31st, 1960. H.M.S.O. 2s.

WORLD HEALTH ORGANISATION. Programme Development in the Mental Health Field. 10th Report of Expert Committee on Mental Health. H.M.S.O. 3s. 6d.

Teaching of Psychiatry and Mental Health. Public Health Papers, No. 9, 1961. H.M.S.O. 10s.

REGISTRAR GENERAL'S STATISTICAL REVIEW OF ENGLAND AND WALES FOR TWO YEARS, 1957-58. Supplement on Mental Health. H.M.S.O. 7s. 6d.

MEDICAL RESEARCH COUNCIL. Report for 1959-60. H.M.S.O. 15s. 6d.

NATIONAL COUNCIL OF SOCIAL SERVICE. New Communities in Britain—Achievements and Problems. 10s. 6d.

The Concept of Social Service—its Relation to World Needs and Problems (Renée Sand Memorial Lecture given by Rajkumari Amrit, Rome, 1961.) 3s. 6d. By post, 4s. 3d.

Obtainable from N.C.S.S., 26 Bedford Square, London, W.C.1.

NATIONAL SOCIETY FOR MENTALLY HANDICAPPED CHILDREN. Community Care of the Mentally Handicapped. Proceedings of Conference held during World Mental Health Year, London, July 1960. Obtainable from 165 High Holborn, London, W.C.1. 3s. 6d.

RESPONSIBILITY IN THE WELFARE STATE? A STUDY OF RELATIONSHIPS BETWEEN THE SOCIAL SERVICES AND THE CHURCHES. Birmingham Council of Christian Churches, 401 Lodge Road, Birmingham, 18. 5s.

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Autumn 1961

NEWS MH LETTER

ISSUED BY THE NATIONAL ASSOCIATION FOR MENTAL HEALTH
MAURICE CRAIG HOUSE · 39 QUEEN ANNE STREET · LONDON, W.1
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Our Patron

On the morning of October 5th, the Association's Patron, H.R.H. Princess Marina, Duchess of Kent, spent the morning at 39 Queen Anne Street, where she attended the weekly meeting of senior staff and then met every staff member individually. We were delighted at this new mark of Her Royal Highness's practical interest in our work.

From the General Secretary

The next edition of *Mental Health,* which will be published early in the New Year, will represent the end of an era. With that issue, members will receive for the last time the *News Letter,* which will in future be included in the Journal as a letter from the General Secretary. Your April 1962 *Mental Health* will appear six times a year and will be available to members at an annual subscription of 7s. 6d. as it will to members of Local Associations and to members of the Federation of Associations of Mental Health Workers. Other subscribers can obtain the Journal for 15s. a year. Single copies will cost 2s. 6d. In the new Journal, the Association will try to present material which is of general interest to everybody working in the mental health field, whether they be professional or voluntary workers, and it is the hope of the Editor, Dr. Tredgold, that in future the Journal will be widely appreciated by members of Local Associations as well as by subscribers with professional qualifications who have received it in the past.

When *Mental Health* appears in its new form, a new Editorial Assistant, Miss Cross, will be helping Dr. Tredgold instead of Miss Hargrove who is retiring from her post with the Association at the New Year. Miss Hargrove has been connected with the Journal since it started in 1920 under the title *Studies in Mental Inefficiency.* Later it became *Mental Welfare* and in 1939—on its fusion with *Mental Hygiene,* the Journal of the National Council for Mental Hygiene—changed its name again to *Mental Health* and was issued jointly by the C.A.M.W., the National Council and the Child Guidance Council as a step towards the final amalgamation of the three bodies.

Readers would wish us to pay tribute here to Miss Hargrove's work for the Journal as well as to her career in the service of the handicapped. She started working with the London Association for the Care of the Mentally Defective in 1913, and from 1919 to 1925

worked with Dame Evelyn Fox on the staff of the Central Association for Mental Welfare. From 1925 to 1935 she served as Secretary of the Theosophical Order of Service (whose activities included the running of the Ellen Terry Home for Blind M.D. Children) but returned to the Central Association in 1935 and she has been with the Association and with the N.A.M.H., its successor, ever since. We shall miss her very much both for herself and for the unrivalled knowledge she has of voluntary work for the mentally handicapped. We wish her (what she would, we think, want for herself), an active new career of service.

Dr. Lumsden Walker

We are glad to report that Dr. Lumsden Walker, Medical Superintendent of Hortham Hospital, Bristol, has accepted the Executive Committee's invitation to join our Medical Consultants' panel in place of Dr. D. D. H. Thomas, who has had to resign on his appointment as Adviser in Mental Deficiency to the Ministry of Health.

Staff Changes

Mrs. Howard, who achieved such outstanding success in organising our Christmas Card department, left us at the end of August, to the great regret of her colleagues. We are glad that she can still be called upon in connection with planning new designs for cards and helping us to select pictures or statues in art collections from which reproductions might be made.

Mrs. Morgan, after seven years as Miss Addis's right hand in the Social Service Department, is now installed in the new post of Local Associations' Organiser.

Mrs. V. Derer and Miss N. Campbell have joined the staff as part-time psychiatric social workers, and Miss Fenwick, a social worker with special experience of subnormality has succeeded Mrs. Berry who after four and half years' service had to resign for domestic reasons. Two more new-comers in the Social Services Department are Miss Radclyffe and Miss A. P. Gray.

The Northern Office records with great regret the resignation of Mrs. Callaway's administrative assistant, Mrs. Margaret Hill, who after five years on its staff is emigrating with her husband to Australia.

As we go to press, the post of Regional Officer for Northern Local Associations has been filled by the appointment of Mr. J. J. Crowley.

Preparatory School Service

Requests from preparatory schools for assessment of entrants by our educational psychologist increase slowly but surely. In addition a good number of such children come to the office with their parents for individual interviews with the psychologist and one of the Association's psychiatric social workers. Particulars of this service will gladly be supplied to anyone interested.

N.A.M.H. Courses and Conferences

Ingleby Report, Day Conference. As we go to press, tickets are still available for this Conference to be held at the Friends' Meeting House, Euston Road, N.W.1, on Wednesday, 15th November. The Conference is a follow-up of the Inter-Clinic Conference held in the spring and will consider "The Need for Co-operation in Special Services for the Child Delinquent". Admission is by ticket only, price 30s. for non-members of the N.A.M.H. and 25s. to members.

Annual General Meeting. Members will have received notice of this meeting to be held on Tuesday, 21st November, at the Royal Society of Medicine, Wimpole Street, W.1.

The afternoon session will be devoted to a discussion on "Social Clubs for the Mentally Disordered—a Job for the Professional and the Amateur?", and we hope to have with us social workers and others with direct experience of running Clubs for psychiatric patients and for educationally subnormal and mentally handicapped children and adults. The Chairman will be Dr. Wilfred Harding (Divisional Medical Officer, L.C.C.) and the opening speaker, Dr. Russell Barton (Physician Superintendent, Severalls Hospital, Colchester).

Homes and Nursing Homes for Subnormals. In order that superintendents of these Homes previously under the aegis of the Board of Control and now registered by Local Authorities under the Mental Health Act, may have an opportunity of discussing any problems they are encountering in connection with the change-over, we are arranging an informal gathering at the office on Tuesday, 6th December. Lady Adrian will be in the Chair, and will be supported by Dr. Guy Wigley (Deputy Medical Officer of Health, Middlesex County Council) and Dr. Lumsden Walter, who will together form a Panel for answering questions dealing with problems raised.

Annual Conference, 1962. Advance notice is given of this Conference to take place at Church House, Westminster, on March 8th and 9th. Its theme is "Violence and the Mental Health Service" and we are glad to announce that the Home Secretary, Mr. R. A. Butler (our President) will take the Chair at the opening session.

Inter-Clinic Conference, 1962. This Conference, the 18th, will be held on April 13th and 14th, on "Clinical Problems of Young Children".

Diploma Courses for Training Centre Staffs. 144 students are attending the 1961-62 Diploma Courses, organised in five Centres—London, Bristol, Manchester and Birmingham (as before) and in Sheffield where an additional Course has been established with Mrs. M. Lettice, formerly a Training College Lecturer, as its Tutor. The students include two from Trinidad, one from Hong Kong and one from Uganda.

During a recent Post-Certificate Refresher Course for Health Visitors held at the Royal College of Nursing on the general theme, "People at Risk", one of the five Study Groups devoted itself to the

problem of the Mentally Subnormal Child. Miss Dean (Organiser of our Diploma Courses) was the Group's Leader and arranged a programme of talks given by herself, Miss Whiffen (one of our Tutors) and Miss B. C. Marshall, with a visit to a mental deficiency hospital and to two Day Training Centres.

Northern Courses. The Refresher Weekend Course organised by the Northern Committee at Ambleside in October brought together 13 of the doctors who attended the April Course on "Problems of Growth and Development in Childhood". The weekend was devoted to case studies and discussions of the medical office role in preventive work in the School Clinics and Maternity and Child Welfare Clinics.

The 28 Mental Welfare Officers attending the 1961-62 Refresher Course have now completed Part I and, back in their jobs, are taking Part II, which consists of weekly seminars on case studies, held concurrently in Newcastle, Leeds and Manchester.

Residential Services

Parnham. It is with very great regret that we report the resignation of Miss Sibbald, who during her term as Warden, made an outstanding contribution to the Home, taking a deep personal interest in the old ladies and their individual needs. In her place we have welcomed, as Joint Wardens, Mr. and Mrs. Oswald Kenny, who have come to us from a similar post in a small Old People's Home. Mrs. Kenny is a trained mental nurse. During the interregnum, Mrs. E. M. Fraser, who preceded Miss Sibbald at Farnham, very kindly filled the breach, and we are most grateful to her for her timely help.

Dr. Kimber has been obliged to resign the chairmanship of the Management Committee and Dr. E. S. Foote, Acting Medical Superintendent of Herrison Hospital, Dorchester, has succeeded him.

Orchard Dene. Here, too, we would like to say "thank you" to Mr. and Mrs. Billington, Superintendent and Matron of the Home for over seven years, who left at the end of the summer. In their place, a temporary Matron, Mrs. Turton, has been appointed.

It is with reluctance that we have had to increase the maintenance fees but ever increasing costs have made it unavoidable, and there are special financial problems to be faced by Homes providing short stay care only. Thus although during the peak summer period, equipment and staff must be provided for a maximum of 25 children, the average occupancy is only 15 and the small numbers in residence for over two-thirds of the year make it difficult to keep running costs reasonably low.

Holiday Homes. Both our Homes have again been filled to capacity during the season. Parties, each staying one week, have been received from 18 hospitals and 5 training centres. At Rhyl, considerable improvements have been made providing extra amenities for the guests.

Hostels. There is still a heavy demand for vacancies in our Fairhaven E.S. Boys' Hostel, coming from Local Authorities in the Metropolitan Area and also from farther afield. On the other hand, the Girls' Hostel at Leytonstone has not been full recently, the cause of which may be either that the need is not so great as for boys, or that the existence of the hostel is not as yet so widely known. We have not yet achieved success in acquiring premises for the new Hostel for maladjusted school leavers, as the property in Streatham which we were hopeful of acquiring, proved in the end to be unavailable.

Duncroft Approved School. On September 29th, the School was visited by Sir Charles Cunningham, K.B.E., Permanent Under Secretary of State at the Home Office, accompanied by the Superintending Inspector of Approved Schools, Mr. Gwynn, and the Chief Inspector, Miss Scorer. They were received by Lady Norman, as Chairman of the Board of Governors, the Vice-Chairman, Dr. Warren, and the Chairman of the House and Finance Committee, Mr. Prowse. After lunch with the staff, three of the girls conducted the Home Office visitors in three separate groups on a tour of the School.

Mental Health National Appeal (8 Wimpole St., W.1. Langham 0145.)

London Flag Day. As we go to press the proceeds of this collection, made on October 10th, stand at £17,657 18s. and more is yet to come. Donations have so far amounted to £2,420 6s. 4d. with, in addition, a gift of share valued at £3,000 (an indirect result of Miss Applebey's broadcast). H.R.H. Marina, Duchess of Kent, accompanied by Lord Feversham, most generously gave three hours of her time on the Day in visiting hospital and other depots on the outskirts of London. Her tour took her to the depot at the Friends' Meeting House in Croydon; to Cane Hill Hospital, Coulsdon; to the Epsom Town Hall to meet nurses from five hospitals in the area which had organised collections; and to Springfield Hospital, Tooting.

It is satisfactory to be able to record that this year it was possible to appoint 22 Borough Organisers, to cover 6 additional Boroughs, and to issue 2,000 more tins.

Provincial Flag Days. A Flag Day in the County of Buckinghamshire, held for the first time, realised £1,376 12s. 11d. One in Canterbury, organised by Miss Peterkin, Matron of St. Augustine's Hospital, Chartham, brought in £194 9s. 11d. In Essex and West Suffolk, Flag Days have so far produced £1,369 11s. 11d. and over £250 respectively and these figures are not final.

The N.A.M.H. and the other bodies benefiting from Flag Days are deeply appreciative of the services given to the National Appeal in many different ways. Without this willing co-operation of voluntary workers it would be impossible to achieve success.

Mistletoe Ball. This Ball, for young people from 15 years of age upwards, has been arranged again at the Chelsea Town Hall on

Wednesday, 20th December, from 9.30 p.m. to 1.30 a.m. Lady Monckton is kindly acting as President of the Ball, and Mrs Hilary Halpin as Chairman of its Committee. Leaflets with ticket order forms are obtainable from the Appeal Office. Tickets, 27s. 6d. single, 50s. double, including full buffet and wine. There will be two bands —a Rhythm Youth Group and a Jamaican Steel Band with limbo dancer and, it is hoped, a piper for reels. Offers of prizes for boys and girls will be welcomed.

Kensington Antiques Fair. £146 was collected by a rota of members of the Appeal Staff during the thirteen days of this Fair held at the Kensington Town Hall in August and September, opened by Lord Feversham. It is hoped that in 1962 still fuller advantage may be taken of this opportunity.

Carol Singing Parties. The Office will gladly supply permits, collecting boxes and carol sheets for school, church or community carol singing groups this Christmas, willing to make collections for the National Appeal.

World Federation for Mental Health

At the 6th International Congress on Mental Health held in Paris at the end of August, it was announced that Dr. Francois Cloutier, a psychiatrist of Montreal, Canada, would take over the duties of Director of the Federation in January 1962, in succession to Dr. J. R. Rees who has held that office since 1949.

Dr. Cloutier holds the degree of M.D. of the University of Quebec and a number of diplomas in neurology and psychiatry. He is a Fellow of the Royal College of Physicians of Canada and of the American Psychiatric Association, and has studied ethnology at the Sorbonne and the Musée de l'Homme which will be a valuable asset in his work for an inter-professional body concerned with all the human sciences.

Dr. Rees, although vacating the post of Director, will continue to be in close touch with the Federation as a consultant and his long experience will be available to his successor when he assumes office.

Executive Board

We record with great pleasure that Miss R. S. Addis, Deputy General Secretary of the N.A.M.H., has been elected a member of the Federation's Executive Board for the period 1961-65.

The other successful candidates were M. Pierre Jean of the Ministry of Health, France, a public health administrator: Professor Waldo S. Perfecto, of Manila, an educationalist: and Dr. Claude Veil, of Paris, an industrial psychiatrist.

With Lady Norman, Miss Addis will represent the N.A.M.H., by invitation of the Government of Western Nigeria, at the first conference on Mental Health to be held at Abeokuta in November. Members who heard Dr. Lambo's address at our 1960 Annual Conference will not be surprised to hear that it is through his inspiration and initiative that this event is taking place.

British Committee for the Scientific Study of Mental Deficiency

Members who attended last year's London Conference on this subject, in the organisation of which the N.A.M.H. played a prominent part, may like to know that one outcome has been the formation of a British Committee consisting of representatives of bodies with a recognised professional status and primarily concerned with the study of mental deficiency in its scientific aspects. The N.A.M.H. has agreed to provide secretarial services for the Committee, which will continue to hold its meetings at Queen Anne Street. The Chairman is Dr. A. D. B. Clarke (Consultant Psychologist, The Manor Hospital, Epsom) and the Hon. Secretary Dr. Alexander Shapiro (Medical Superintendent, Harperbury Hospital, St. Albans). Dr. L. T. Hilliard is the Hon. Treasurer.

During the International Conference on Mental Retardation held in Vienna in August, following on the preliminary discussions held at the London Conference in 1960, an International Committee for Scientific Study of Mental Retardation was formed; its members are: Professor H. Asperger (Austria), Dr. C. Benda (U.S.A.), Professor G. Bollea (Italy), Professor Hans Forsnan (Sweden), Professor Frontali (Italy), Dr. W. Günther (Germany), Dr. O. B. Munch (Norway) and Dr. P. Plum (Denmark), with Dr. A. Shapiro as Chairman, Professor Nasser (Chile) as Secretary-General, Dr. B. Nagler and Mr. Harvey Stevens (U.S.A.) as Treasurers. The Committee is to draft a Constitution, to raise funds, and to organise the next Conference to be held probably in three years' time, at which an International Body will be formally established.

Local Associations

The Annual Meeting of representatives which in recent years has followed on the Annual General Meeting of the N.A.M.H., will this year be held on the previous day, November 20th, at 39 Queen Anne Street. We hope that this arrangement will enable many Local Association representatives to be present at both events.

The Local Associations' meeting will on this occasion take the form of a Brains Trust with Mrs. Mary Stocks in the Chair. Members of the Panel will include: Mr. James Farndale, B.Com., Ph.D., F.H.A. (Deputy House Governor, Bethlem Royal and Maudsley Hospitals); Miss V. M. Jenkins (Senior P.S.W., Netherne Hospital); Mr. K. A. McCallum (Mental Welfare Officer for the Yeovil area); and Dr. Elizabeth Tylden (Co-Founder of the Stepping Stones Club).

Efforts to establish an Association for *Halifax and District* have been successful and the Association has now formally applied for affiliation.

Plans to set up new Associations are afoot in many other areas. Preliminary meetings have been held in several places, including Swansea and Scarborough.

Existing Associations continue to arrange lively and varied programmes of activities. To give only two examples: the Devon and Exeter Association and the Wirral Association, have each sent

details of an interesting series of lectures arranged to be held during the winter.

It would be interesting and useful to the N.A.M.H., and, we believe, to Local Associations as well, to know in some detail about their experiences, not only of the needs of their particular areas and the work they do, but also about the problems they encounter and how they meet them. We therefore hope soon to initiate a survey for the purpose of collecting information of this kind, in which the co-operation of all the Associations will be welcomed.

Notice to Members

Members are asked to note that subscriptions to the Journal taken out now for the first time, or renewed, will entitle them to receive six issues for a payment of 7s. 6d. (non-members 15s.).

Publications

Patterns of Care. We are glad to record that this report of Mr. Kenneth Robinson's travels in search of information about Mental Health services in France, Holland, the U.S.A. and the U.S.S.R., has received exceptionally wide press publicity and has obviously aroused great interest. Copies may be obtained from 39 Queen Anne Street, price 2s. 6d., or by post, 2s. 10d.

Not in my Perfect Mind. This booklet by Nesta Roberts, author of "Everybody's Business" which is one of our best sellers, is designed to help relatives and others caring for mentally frail old people. It will be on sale early in November, price 1s. 6d., by post 1s. 9d.

The Crowded Stairs. This is not an N.A.M.H. publication but is noted here because its author, Miss D. C. Keeling, has been closely connected with a number of our activities for many years, and is still an active member of the Orchard Dene Management Committee. Her book is the story of the twenty years during which she served as Secretary of the Liverpool Personal Service League which she founded in 1919. It was in premises with "crowded stairs" that much of its work was carried on but its programme was an equally crowded one and this spirited record of its many and varied achievements leaves the reader breathless and admiring.

The book is published by the National Council for Social Service, 26 Bedford Square, London, W.C.1, from whom copies can be ordered, price 10s. 6d.

St Christopher Press Ltd, Letchworth, Hertfordshire